

Pennsylvania Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001066 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u> </u> | | (X3) DATE SURVEY COMPLETED: 08/01/2023 |
| NAME OF PROVIDER OR SUPPLIER: SPRINGFIELD AMBULATORY SURGERY CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE: 1528 BETHLEHEM PIKE FLOURTOWN, PA 19031 | | | |
| STATE LICENSE NUMBER: 09591500 | | | | | |

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| S 033A | <p>Continued from page 1</p> <p>Based on review of facility documents and staff interview (EMP), it was determined the facility failed to conform to applicable state laws.</p> <p>Springfield Surgery Center was not in compliance with the following State Law:</p> <p>"Act 13 of 2002 MEDICAL CARE AVAILABILITY AND REDUCTION OF ERROR (MCARE) ACT Section 307. Patient safety plans ... (d) Employee notification. --Upon approval of the patient safety plan, a medical facility shall notify all health care workers of the medical facility of the patient safety plan. Compliance with the patient safety plan shall be required as a condition of employment or credentialing at the medical facility ... Section 310. Patient safety committee. (b) Responsibilities. --A patient safety committee of a medical facility shall do all of the following: 1) Receive reports from the patient safety officer pursuant to section 309. (2) Evaluate</p> | S 033A | | |

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| S 033A | <p>Continued from page 2</p> <p>investigations and actions of the patient safety officer on all reports. (3) Review and evaluate the quality of patient safety measures utilized by the medical facility. A review shall include the consideration of reports made under sections 304(a)(5) and (b), 307(b)(3) and 308(a). (4) Make recommendations to eliminate future serious events and incidents. (5) Report to the administrative officer and governing body of the medical facility on a quarterly basis regarding the number of serious events and incidents and its recommendations to eliminate future serious events and incidents.</p> <p>This is not met as evidenced by:</p> <p>Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to notify healthcare workers of the facility's patient safety plan and failed to establish a stand-alone Patient Safety Meeting.</p> | S 033A | | | | | |

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| S 033A | <p>Continued from page 3</p> <p>Findings include:</p> <p>1. Review on August 1, 2023, of facility document "Springfield Ambulatory Surgery Center (ASC), Patient Safety Plan (Pennsylvania)" revised March 2019, revealed "Patient Safety Training ...Training includes all components listed within policy on hire and annually; and compliance of the safety plan shall be required as a condition of employment or credentialing ..."</p> <p>Review on August 1, 2023, of CF1, CF2, CF3, revealed no documentation of training for the facility's patient safety plan at the time of credentialing.</p> <p>Interview on August 1, 2023, with EMP1 at approximately 10:00 AM confirmed there was no</p> | S 033A | | | | | |

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| S 033A | Continued from page 4 documentation in CF1, CF2 and CF3 participated in training of the facility's patient safety plan at the time of credentialing. 2. Review on August 1, 2023, of the facility document "QAPI (Quality Assurance /Performance Improvement) Meeting" dated April 19, 2022, March 22, 2023, and June 19, 2023, revealed, the Patient Safety Meetings were combined with the QAPI Meeting. Interview on August 1, 2023, at approximately 10:30 AM with EMP1 confirmed the facility's Patient Safety Committee was not a stand-alone committee and was combined with the QAPI Meeting. | S 033A | | | |

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| S 033A | Continued from page 5 | S 033A | | |
| S 033J | <p>553.3 (8)(ii) Governing Body Responsibilities</p> <p>553.3 Governing Body responsibilities include: (8) Establishing personnel policies and practices which adequately support sound patient care to include, the following: (ii) Applications for positions requiring a licensed person shall be hired only after obtaining verification of their licenses, records of education, and written references.</p> <p>This REGULATION is not met as evidenced by:</p> | S 033J | An approved Plan of Correction is not on file. | <p>Completion Date:</p> <p>Status:</p> <p>NO POC</p> <p>Date:</p> |

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| S 033J | <p>Continued from page 6</p> <p>Based on a review of facility policies, personnel files (PF), and staff interviews (EMP), it was determined that the facility failed to obtain written references for licensed employees for three of four personnel files reviewed (PF2, PF3, PF4).</p> <p>Findings include:</p> <p>Review on August 8, 2023 of facility policy "Hiring and Pre-Employment" revised June 2015, revealed no policy regarding written references for licensed personnel.</p> <p>Review On August 1, 2023, of PF2 revealed the licensed staff began employment at the facility on June 30, 2023. Further review revealed no written references were obtained for PF2.</p> <p>Review On August 1, 2023, of PF3 revealed the licensed staff began employment at the facility on</p> | S 033J | | |

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| S 033J | Continued from page 7 December 1, 2022. Further review revealed no written references were obtained for PF3. Review On August 1, 2023, of PF4 revealed the licensed staff began employment at the facility on December 1, 2022. Further review revealed no written references were obtained for PF4. Interview on August 8, 2023, with EMP1 at approximately 10:00 AM confirmed written references were not obtained for PF2, PF3 and PF4. | S 033J | | | |
| S 53E0 | 555.3 (e) Requirements 555.3 Requirements for membership and privileges (e) Reappraisal and reappointment shall be required of every member of the medical staff at regular intervals no longer than every 2 years. This REGULATION is not met as evidenced by: | S 53E0 | An approved Plan of Correction is not on file. | Completion Date: Status: NO POC Date: | |

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| S 53E0 | <p>Continued from page 8</p> <p>Based on review of facility documents, credential files (CF), and interviews with staff (OTH1), it was determined the facility failed to ensure that each member of the medical staff were reappraised and reappointed at regular intervals no longer than every two years for one of one credential files. (CF2)</p> <p>Findings include:</p> <p>Review on August 1, 2023, of the medical staff bylaws "Medical Staff Bylaws-Springfield GI" adopted February 24, 2020, revealed "... Appointment to and membership on the Medical Staff shall confer on the appointee or member only such clinical privileges as have been granted by the Governing Board ..."</p> <p>Review on August 1, 2023, of CF2 revealed an initial application to request staff membership dated September 22, 2022. Further review revealed no documentation the governing board approved the</p> | S 53E0 | | | |

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| S 53E0 | Continued from page 9 requested membership. Interview on August 1, 2023, with EMP1 at approximately 10:00 AM confirmed CF2 was a member of the medical staff and confirmed there was no documentation the governing board approved the requested membership. . | S 53E0 | | | |